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Applicant LC0027669, Billy Coles Memories, C

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» Applicant Signature

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» History

Name of Applicant: Billy Coles Inc

(S

Name of Business (D/B/A): Billy Coles Memories

Address of Premise: 319 N 16th St

Address Line 2:

City: Council Bluffs

County: Pottawattamie

Zip: 51501-0000

Business Phone: (712) 323-3275

☐ Same Address

Mailing Address: 319 N 16th St

Mailing Address Line 2:

City: Council Bluffs

Zip: 51501

Contact Name: William

Phone: (712) 323-3275

☒ Prev

Phone: (566) 463-2223

FAX: (515) 281-7375

COUNCIL BLUFFS
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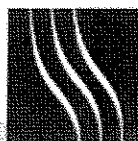
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State of Iowa ALCOHOLIC BEVERAGES DIVISION



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Applicant BC0027151, Casey's General Store

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Name of Applicant: Casey's Marketing Company (S

Name of Business (D/B/A): Casey's General Store #2284

Address of Premise: 1030 W South Omaha Bridge

Address Line 2:

City: Council Bluffs

County: Pottawattamie

Zip: 51501

Business Phone: (712) 366-9983

☐ Same Address

Mailing Address: PO Box 3001

Mailing Address Line 2:

City: Ankeny

Zip: 50021-8045

Contact Name: Penny Patrick, Store Operations

Phone: (515) 965-6572

Prev

Phone: (866) 469-2223

FAX: (515) 281-4375

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Applicant LC0033025, Driftwood Inn, Council

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Name of Applicant: Lenihan, Inc. (S

Name of Business (D/B/A): Driftwood Inn

Address of Premise: 2701 Harry Langdon Blvd

Address Line 2:

City: Council Bluffs

County: Pottawattamie

Zip: 51503

Business Phone: (319) 325-0801

☐ Same Address

Mailing Address: 107 Essex

Mailing Address Line 2:

City: Council Bluffs

Zip: 51503

Contact Name: Tom

Phone: (319) 325-0801

☒ Prev

Phone: (866) 469-2223

FAX: (515) 281-7375

COUNCIL BLUFFS
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Applicant LB0001789, Harrah's Council Bluffs

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Name of Applicant: Harveys Iowa Management Co. (s

Name of Business (D/B/A): Harrah's Council Bluffs Casino &

Address of Premise: One Harrah's Blvd

Address Line 2:

City: Council Bluffs

County: Pottawattamie

Zip: 51501-0000

Business Phone: (712) 329-6000

☐ Same Address

Mailing Address: One Harrah's Blvd

Mailing Address Line 2:

City: Council Bluffs

Zip: 51501-0000

Contact Name: Patty Sturm-Gonsior

Phone: (712) 329-6000

*public to
private
Bluffs Run*

Prev

Phone: (866) 469-2223

FAX: (515) 281-375

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Applicant LB0001781, Holiday Inn Hotel & Sui

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➤ Dram Cert

➤ Local Endorse

➤ History

Name of Applicant: Kinseth Hotel Corporation (S

Name of Business (D/B/A): Holiday Inn Hotel & Suites

Address of Premise: 2202 River Road

Address Line 2:

City: Council Bluffs

County: Pottawattamie

Zip: 51501-0000

Business Phone: (712) 322-5050

☐ Same Address

Mailing Address: 2 Quail Creek Circle

Mailing Address Line 2:

City: North Liberty

Zip: 52317

Contact Name: Bruce

Phone: (319) 626-5600

☒ Prev

Phone: (866) 463-2223
FAX: (815) 7375

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Applicant LE0001083, Metro Wine, Spirits and

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- History

Name of Applicant: Metro Wine, Spirits and Tobac (s

Name of Business (D/B/A): Metro Wine, Spirits and Tobacco,

Address of Premise: 3418 W Broadway Suite D

Address Line 2:

City: Council Bluffs

County: Pottawattamie

Zip: 51501

Business Phone: (712) 366-2421

☐ Same Address

Mailing Address: 3418 W Broadway Suite D

Mailing Address Line 2:

City: Council Bluffs

Zip: 51501

Contact Name: Tim Nelson

Phone: (712) 366-2421

Prev

Phone: (7866) 469-2223
FAX: (7866) 252-7375

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Applicant BC0029014, Mortensen's Supermarket

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Name of Applicant: Trimmer Inc. (S)

Name of Business (D/B/A): Mortensen's Supermarket

Address of Premise: 810 16th Avenue

Address Line 2:

City: Council Bluffs

County: Pottawattamie

Zip: 51501

Business Phone: (712) 328-2646

☐ Same Address

Mailing Address: 810 16th Avenue

Mailing Address Line 2:

City: Council Bluffs

Zip: 51501

Contact Name: Tonya Trimmer/Penry

Phone: (712) 328-2646

☒ Prev

Phone: (866) 469-2223
 FAX: (866) 281-7375

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Applicant LE0001236, No Frills Super Market,

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➤ History

Name of Applicant: No Frills Super Markets Inc (S

Name of Business (D/B/A): No Frills Super Market

Address of Premise: 1817 W Broadway

Address Line 2:

City: Council Bluffs

County: Pottawattamie

Zip: 51501

Business Phone: (712) 332-9491

☐ Same Address

Mailing Address: 11163 Mill Valley Rd

Mailing Address Line 2:

City: Council Bluffs

Zip: 68154-0000

Contact Name: Steve Moskovits

Phone: (712) 332-9491

☒ Prev

Phone: (866) 469-2223

FAX: (515) 281-7375

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Applicant BB0029937, Old River Pizza Compa

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Name of Applicant: Podraza Enterprises, Inc. (s

Name of Business (D/B/A): Old River Pizza Company

Address of Premise: 3120 Manawa Centre Dr. Suite 40

Address Line 2:

City: Council Bluffs

County: Pottawattamie

Zip: 51501

Business Phone: (712) 347-5310

☐ Same Address

Mailing Address: 1005 Willow Dr.

Mailing Address Line 2:

City: Carter Lake

Zip: 51510

Contact Name: Tim

Phone: (712) 347-5310

Prev

Phone: (866) 469-2223
FAX: (515) 281-7375

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Applicant LC0022680, Razzle Dazzle, Council

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Name of Applicant: Kanesville Entertainment, Inc. (S

Name of Business (D/B/A): Razzle Dazzle

Address of Premise: 3317 West Broadway

Address Line 2:

City: Council Bluffs

County: Pottawattamie

Zip: 51501-0000

Business Phone: (712) 328-0520

☐ Same Address

Mailing Address: 3317 West Broadway

Mailing Address Line 2:

City: Council Bluffs

Zip: 51501

Contact Name: Frances Hoffman

Phone: (712) 328-0520

Prev

Phone: (866) 469-2223
FAX: (515) 281-7375

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Applicant LC0031811, Riverside Grille, Council B

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Name of Applicant: Prine, L.L.C.

(Sole Pro

Name of Business (D/B/A): Riverside Grille

Address of Premise: 2 Harrah's Blvd

Address Line 2:

City: Council Bluffs

County: Pottawattamie

Zip: 51501

Business Phone: (712) 328-7079

☐ Same Address

Mailing Address: 2 Harrah's Blvd

Mailing Address Line 2:

City: Council Bluffs

Zip: 51501

Contact Name: Ward

Phone: (712) 328-7079

Prev

Phone: (866) 469-2223
FAX: (515) 281-7375

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Applicant LC0012783, Sam's Lounge, Council

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Name of Applicant: Shartan, Inc.

Name of Business (D/B/A): Sam's Lounge

Address of Premise: 3312 W. Broadway

Address Line 2:

City: Council Bluffs

County: Pottawattamie

Zip: 51501-0000

Business Phone: (712) 322-9783

☐ Same Address

Mailing Address: 3312 W Broadway

Mailing Address Line 2:

City: Council Bluffs

Zip: 51501

Contact Name: Debbie

Phone: (712) 322-9783

Prev

Phone: (866) 469-2223
FAX: (515) 281-3375

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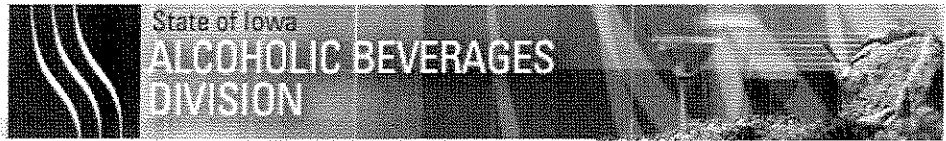
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Applicant BC0022228, Speedee Mart 1512, Co

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➤ History

Name of Applicant: Rite way Oil And Gas Co Inc (S

Name of Business (D/B/A): Speedee Mart 1512

Address of Premise: 3624 9th Avenue

Address Line 2:

City: Council Bluffs

County: Pottawattamie

Zip: 51501-0000

Business Phone: (712) 322-9731

☐ Same Address

Mailing Address: PO Box 27049

Mailing Address Line 2:

City: Omaha

Zip: 68127

Contact Name: Rex Ekwall

Phone: (402) 331-6449

☒ Prev

Phone: (866) 469-2223

FAX: (515) 281-7375

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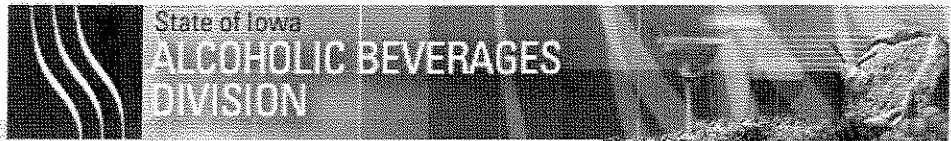
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Applicant LC0033041, Sugar's Restaurant & L

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Name of Applicant: NJP, Inc. (S

Name of Business (D/B/A): Sugar's Restaurant & Lounge

Address of Premise: 2725 Kanesvill Blvd

Address Line 2:

City: Council Bluffs

County: Pottawattamie

Zip: 51503

Business Phone: (712) 256-4668

☐ Same Address

Mailing Address: 2725 Kanesvill Blvd

Mailing Address Line 2:

City: Council Bluffs

Zip: 51503

Contact Name: Randall

Phone: (712) 256-4668

[Prev](#)

Phone: (866) 469-2223
FAX: (515) 281-7375

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Applicant LE0000704, Super Saver Iv, Council

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Name of Applicant: B And R Stores Inc (S

Name of Business (D/B/A): Super Saver Iv

Address of Premise: 1141 N Broadway

Address Line 2:

City: Council Bluffs

County: Pottawattamie

Zip: 51501-0000

Business Phone: (402) 464-6297

☐ Same Address

Mailing Address: Box 5824

Mailing Address Line 2:

City: Lincoln

Zip: 68505

Contact Name: Rob Steider

Phone: (402) 464-6297

[Prev](#)

Phone: (866) 469-2223

FAX: (515) 281-7375

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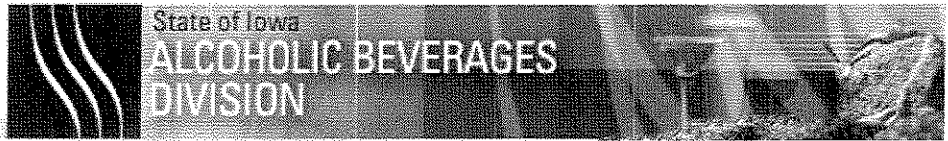
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Applicant LC0027061, Tish's Restaurant, Council Bluffs

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Name of Applicant: Tish's Inc (S)

Name of Business (D/B/A): Tish's Restaurant

Address of Premise: 1207 South 35th Street

Address Line 2:

City: Council Bluffs

County: Pottawattamie

Zip: 51501-0000

Business Phone: (712) 323-5456

☐ Same Address

Mailing Address: 1207 S. 35th St.

Mailing Address Line 2:

City: Council Bluffs

Zip: 51501

Contact Name: Steven or Kathleen

Phone: (712) 323-5456

Prev

Phone: (566) 469-2223
FAX: (515) 321-7395

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Applicant LC_V_14034, T'S ENTERPRISE, INC

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➤ Dram Cert

➤ Local Endorse

➤ History

Name of Applicant: T'S ENTERPRISE, INC. (S)

Name of Business (D/B/A): T'S ENTERPRISE, INC

Address of Premise: 2400 9TH AVE

Address Line 2:

City: Council Bluffs

County: Pottawattamie

Zip: 51501

Business Phone: (712) 322-6889

☐ Same Address

Mailing Address: 120 S 6TH STREET

Mailing Address Line 2:

City: COUNCIL BLUFFS

Zip: 51501

Contact Name: DARRAH & COMPANY

Phone: (712) 322-6889

⏮ Prev

Phone: (866) 469-2223

FAX: (515) 281-7375

COUNCIL BLUFFS
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10 B

Judith Ridgeley

From: Abd@winningit.com
Sent: Thursday, February 21, 2008 3:00 AM
To: Judith Ridgeley
Cc: Freund@iowaabd.com
Subject: Pending Dram Shop

The following licensees have completed a renewal application and are awaiting dram certification:

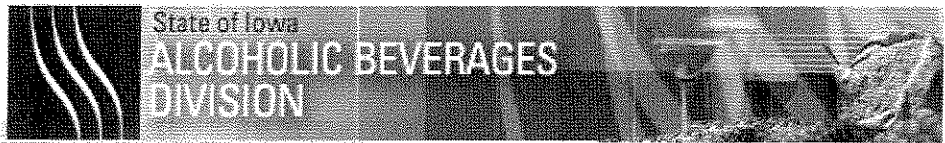
License #	License Status	Business Name
	Pending Dram Shop	T'S ENTERPRISE, INC

Please do not respond to this email. Contact the Division's Licensing Section with questions regarding the application process or application status toll-free at 866.IowaABD (866.469.2223) (select option 1), locally at 515.281.7400 (select option 1).

To view your on-line application, click here: <https://elicensing.iowaabd.com/Logon.aspx>

For assistance by email contact Freund@IowaABD.com

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Privileges LC_V_14034, T'S ENTERPRISE, INC Council Bluffs

After completion click on the **NEXT** link to continue to the next screen, or the **B** to return to the previous screen.

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Select one or more of the privileges you wish to have for your Class C Liquor L (LC) (Commercial).

PRIVILEGES:

- | | |
|-------------------------------------|----------------------|
| <input type="checkbox"/> | Brew Pub |
| <input type="checkbox"/> | Carryout Native Wine |
| <input type="checkbox"/> | Carryout Wine |
| <input type="checkbox"/> | Catering Privilege |
| <input type="checkbox"/> | Living Quarters |
| <input type="checkbox"/> | Outdoor Service |
| <input checked="" type="checkbox"/> | Sunday Sales |

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Phone: (866) 469-2223

FAX: (515) 281-7375

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Applicant License LC_V_14034, T'S ENTERPRISE, INC, Council Bluffs

After completion click on the NEXT link to continue to the next screen, or the B to return to the previous screen.

The navigation links on the top may also be used to move around the applicati

LENGTH OF LICENSE REQUESTED: (Choose one of the following):

- ☒ 12
month
- ☐ 8 month
- ☐ 6 month
- ☐ 14 day
- ☐ 5 day

License Status: Pending Dram Shop

Original issue
date of
license: MM/DD/YY

Issue date of
current
license: MM/DD/YY

License
effective date: 02/20/2008 MM/DD/YY

License
expiration
date: MM/DD/YY

Number of days
notice: 0

70 day notice: 0

Cancel date: MM/DD/YY

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Phone: (866) 469-2223
FAX: (515) 281-7375

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Ownership LC_V_14034, T'S ENTERPRISE, INC

After completion click on the NEXT link to continue to the next screen, or the Back screen.

The navigation links on the top may also be used to move around the application.

Corporate applicant's, list all shareholders having 10% or more interest in the corporation regardless of ownership interest. Sole Proprietors shall also own 0% interest. Non-profit corporations or associations need to list officers. Applicants registered with the Secretary of State office will need a trade name filing from the

Owners:

Name	Address
THOMAS HIRCHERT	2400 9TH AVE, COUNCIL BLUFFS, IA, 51501
1	

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Address:	<input type="text"/>		
Address Line 2:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text" value="Please Select"/>
Zip:	<input type="text"/>		
Position:	<input type="text"/>	SS#:	<input type="text"/>
Date of Birth:	<input type="text" value="MM/DD/YYYY"/>	% of Ownership:	<input type="text"/>
<input type="button" value="Next"/>			

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Premises Information LC_V_14034, T'S ENTER INC, Council Bluffs

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Control of
premises:

Own ☒Lease ☐Other ☐ explain:

Submit a signed copy of the lease/rental agreement for the license p signed final sales contract or warranty deed to your local authority.

Submit a sketch to the Local Authority on 8 1/2 x 11' white paper of tl premises showing all areas under the control or lease of the Applica floors where alcoholic beverages will be sold, served, consumed and Indicate all entrances and exits, location of bar, back bar, and bathro provide a separate sketch for each floor. If Applicant has Outdoor Se Privilege, please include in the sketch it's relationship to the licenser

Boat Applicants Only: Submit a sketch to the Local Authority on 8 1/2 paper of the proposed premises showing all areas under the control the Applicant. Include all decks where alcoholic beverages will be so consumed and stored. Indicate all entrances and exits, location of ba bathrooms and where licenses will be displayed. Please provide a se sketch for each deck. A separate sketch is required for each boat.

Premises
type: Bar/Tavern
Local
Authority: City

License
City: Council Bluffs
License
County: Pottawattamie

City Population: 61324

County Population: 87803

Dram
Shop: Illinois Casualty Co

⏪ Prev

Phone: (866) 469-2223

FAX: (515) 281-7375

License Application ()

Applicant

Name of Applicant: T'S ENTERPRISE, INC.
Name of Business (DBA): T'S TAVERN
Address of Premises: 2400 9TH AVE
City: _____ County: Pottawattamie Zip: 51501
Business Phone: (712) 322-6889
Mailing Address: 120 S 6TH STREET
City: COUNCIL BLUFFS State: IA Zip: 51501

Contact Person

Name: DARRAH & COMPANY
Phone: (712) 322-6889 Email Address: darrahandcompany@qwest.net

Classification: Class C Liquor License (LC) (Commercial)

Term: 12 months

Effective Date: 03/15/2008

Expiration Date: 01/01/1900

Privileges:

Class C Liquor License (LC) (Commercial)
Sunday Sales

Status of Business

BusinessType: Privately Held Corporation
Corporate ID Number: 358421 Federal Employer ID # 26-1906577

Ownership

THOMAS HIRCHERT

First Name: THOMAS

Last Name: HIRCHERT

City: COUNCIL BLUFFS

State:

Zip: 51501

Position OWNER

% of Ownership 100.00 %

U.S. Citizen

Insurance Company Information

Insurance Company: Illinois Casualty Co
Policy Effective Date: _____ Policy Expiration Date: _____
Bond Effective Continuously: _____ Dram Cancel Date: _____
Outdoor Service Effective Date: _____ Outdoor Service Expiration Date: _____
Temp Transfer Effective Date: _____ Temp Transfer Expiration Date: _____

APPLICANT

I hereby declare that all information contained in the E-license Application is true and correct. I understand that misrepresentation of material fact in the Application is a serious misdemeanor crime and grounds for denial of the license or permit under Iowa law. Please submit this form to your local authority.

X Thomas D. Hirschert
Applicant's Signature

2-21-08
Date

NOTARY

State of Iowa

County of Pottawattamie

Signed and sworn to before me on 2-21-08
Date

By Thomas D. Hirschert
Print Name of Applicant

Pamela A. Miller
Signature of Notary

2-21-08
Date



0 = table
4 chairs @ each table

S

THIRD EXIT

MACHINES (2)

MACHINES

0 0 0

POOL TABLE

STOOL

COOLERS

CASH REGISTER

COOLER

LICENSE

WALK IN COOLER

60'

19'

W

STORAGE AREA

RESTROOMS
MEN WOMEN

SWINGING
DOORS

STAIRS (DOWN)

DANCE AREA

STAGE

30'

N

N

30'X60'

(2) by certified mail, or

(3) by overnight courier.

25. Governing Law

This lease will be governed by and construed in accordance with the laws of the state of IOWA

26. Counterparts

The parties may sign several identical counterparts of this lease. Any fully signed counterpart shall be treated as an original.

27. Modification

This lease may only be modified by a writing signed by the party against whom such modification is sought to be enforced.

28. Waiver

If one party waives any term or provision of this lease at any time, that waiver will only be effective for the specific instance and specific purpose for which the waiver was given. If either party fails to exercise or delays exercising any of its rights or remedies under this lease, that party retains the right to enforce that term or provision at a later time.

29. Severability

If any court determines that any provision of this lease is invalid or unenforceable, any invalidity or unenforceability will affect only that provision and will not make any other provision of this lease invalid or unenforceable and such provision shall be modified, amended or limited only to the extent necessary to render it valid and enforceable.

Dated: 2-24-08

LANDLORD

Name of Business: Thomas D. Hirscher

By: Thomas D. Hirscher

Printed Name and Title: Thomas D. Hirscher, Owner

Address: 2400 9th Ave

Council Bluffs, IA 51501

TENANT

Name of Business: T'S ENTERPRISE INC

By: Thomas D. Hirscher

Printed Name and Title: Thomas D. Hirscher, President

Address: 2400 9th Ave

Council Bluffs, IA 51501



Form 6B: Net Lease for Entire Building

1. Names

This lease is made by Thomas D. Hirschert, Landlord,
and T'S Enterprise, Inc, Tenant.

2. Premises Being Leased

Landlord is leasing to Tenant and Tenant is leasing from Landlord the following premises:

2400 9th Ave. Lots 1, 2, East 22 1/2 FT LOT 3
BLK 1 and 1/2 Vac Alley Ninth Ave Add Po. Bluffs

3. Term of Lease

This lease is for 5 years beginning on March 1, 2008 and ending
on February 28, 2012

4. Rent

Tenant will pay rent in advance on the 1st day of each month.

☒ Tenant will pay rent of \$ 500. per month for the entire term of the lease.

☒ Tenant will pay the following rent:

\$ 500 per month during the 12-month period beginning March 1, 2008

\$ 500 per month during the 12-month period beginning March 1, 2009

\$ 500 per month during the 12-month period beginning March 1, 2010

\$ 500 per month during the 12-month period beginning March 1 2011

\$ 500 per month during the 12-month period beginning March 1 2012

5. Option to Extend Lease

Landlord grants Tenant the option to extend this lease for an additional N/A years on the same
terms except as follows:

N/A

Tenant may exercise this option only if Tenant is in substantial compliance with the terms of this lease. To
exercise this option, Tenant must give Landlord written notice on or before _____

☐ **Additional Option**

If Tenant exercises the option granted above, Tenant will then have the option to extend this lease for

N/A years beyond the first option period on the same terms except as follows: _____

12. Maintenance and Repairs

- A. Tenant will maintain and make all necessary repairs to: (1) the roof, structural components, exterior walls and interior walls of the premises, and (2) the plumbing, electrical, heating, ventilating and air-conditioning systems.
- B. Tenant will clean and maintain (including snow removal) the parking areas, yards, common areas and exterior of the premises so that the premises will be kept in a safe and attractive condition.

13. Insurance

- A. Tenant will carry fire and extended coverage insurance on the building in the amount of at least \$ 210,000.00; this insurance will include Landlord as an insured party.
- B. Tenant will carry public liability insurance, which will include Landlord as an insured party. The public liability coverage for personal injury will be in at least the following amounts:
 - (1) \$ 50,000.00 per occurrence.
 - (2) \$ 100,000.00 in any one year.
- C. Landlord and Tenant release each other from any liability to the other for any property loss, property damage or personal injury to the extent covered by insurance carried by the party suffering the loss, damage or injury.
- D. Tenant will give Landlord a copy of all insurance policies that this lease requires Tenant to obtain.

14. Taxes

- A. Tenant will pay all real property taxes levied and assessed against the premises during the term of this lease.
- B. Tenant will pay all personal property taxes levied and assessed against Tenant's personal property.

15. Subletting and Assignment

Tenant will not assign this lease or sublet any part of the premises without the written consent of Landlord. Landlord will not unreasonably withhold such consent.

16. Notice of Default

Before starting a legal action to recover possession of the premises based on Tenant's default, Landlord will notify Tenant in writing of the default. Landlord will take legal action only if Tenant does not correct the default within ten days after written notice is given or mailed to Tenant.

17. Quiet Enjoyment

As long as Tenant is not in default under the terms of this lease, Tenant will have the right to occupy the premises peacefully and without interference.

18. Eminent Domain

This lease will become void if any part of the leased premises or the building in which the leased premises are located are taken by eminent domain. Tenant has the right to receive and keep any amount of money that the agency taking the premises by eminent domain pays for Tenant's loss of business and for moving and relocation expenses.

19. Holding Over

If Tenant remains in possession after this lease ends, the continuing tenancy will be from month to month.

APPLICATION FOR IOWA RETAIL CIGARETTE / TOBACCO PERMIT

For period _____, 20 ____ through June 30, 20 ____

PLEASE TYPE OR PRINT LEGIBLY

Please mail this completed application to your local jurisdiction. If you have questions, call your City Clerk (within city limits) or your County Auditor (outside city limits).

I/We hereby make application for a retail permit to sell cigarettes and tobacco products:

BUSINESS INFORMATION

Name of Business/DBA The Filling Station, INC

Location Address (Must Have) 1531-2nd Ave

Mailing Address Same City Council Bluffs Zip 51501

Type of Sales: ☐ Vending Machine ☒ Over-the-counter Telephone Number (____) _____

Type of Retail Establishment:

☐ bar ☒ convenience store - with gas ☐ convenience store - no gas ☐ drug store ☐ gas station
☐ grocery ☐ hotel/motel ☐ liquor store ☐ restaurant ☐ tobacco store
☐ other _____

Cigarettes must be sold at the minimum price set by the State of Iowa. Obtain a current copy from the Iowa Department of Revenue Web site at www.state.ia.us/tax or from TaxFax at 1-800-572-3943 (enter form number 71023).

ONLY APPROVED BRANDS OF CIGARETTES OR ROLL-YOUR-OWN PRODUCTS MAY BE SOLD IN IOWA

Any brand not on the list is contraband. In addition, all cigarettes sold in Iowa must have an Iowa Cigarette Tax Stamp affixed to each package. Any violation of contraband or non-Iowa cigarette tax stamped package is subject to seizure and penalties under the provisions of Iowa Code 453A and 453D.

The list of approved brands is always current at <http://www.state.ia.us/tax/business/CigTobIndex.html> and is called IOWA DIRECTORY OF CERTIFIED TOBACCO PRODUCTS MANUFACTURERS — THEIR BRANDS AND BRAND FAMILIES

Go to <http://elists.idrf.state.ia.us/scripts/wa.exe> and sign up for the Cigarette/Tobacco E-list.

You will receive an e-mail every time the approved list changes or the minimum price changes.

LEGAL OWNER INFORMATION

Type of Ownership: ☐ Individual ☐ Partnership ☒ Corporation ☐ LLC ☐ LLP

Legal Owner The Filling Station, INC
(Name of Individual, Partnership, Corporation, LLC, or LLP)

Mailing Address 1531-2nd Ave

City Council Bluffs State IA Zip 51501 Ph Number (712) 323-4344

Fax Number (712) 527-9445 E-mail Address terryjones@hotmail.com

If application is approved and permit granted, I/we do hereby bind ourselves to a faithful observance of the laws governing the sale of cigarettes and tobacco products.

SIGNATURE OF OWNER, PARTNER(S), OR CORPORATE OFFICIAL

Name (please print): Terry Jones Name (please print): _____

Signature: _____ Signature: _____

Date 2-21-04 Date _____

FOR OFFICE USE ONLY

Amount Paid _____
Date Issued _____ ☐ New
Permit # _____ ☐ Renewal

FOR CITY CLERK/COUNTY AUDITOR ONLY PLEASE SEND COMPLETED COPY TO THE IOWA DEPARTMENT OF PUBLIC HEALTH

Name of Issuing City or County _____

RECEIPT
CITY OF COUNCIL BLUFFS
Office of City Clerk

Date Paid: 2/21/2008
Receipt No: 20824
Received from: *The Filling Station*
Amount: \$25.00
Item: *Cigarette Permits*
Payment Type: *Check*
Check No: 2160
Begin Date:
Expiration Date: 6/30/2008
Issued by: *Marcy*
Comments: *Cigarette Permit for The Filling Station located at 1531
2nd Avenue*

APPLICATION FOR IOWA RETAIL CIGARETTE / TOBACCO PERMITFor period 3/15, 20 08 through June 30, 20 08

PLEASE TYPE OR PRINT LEGIBLY

Please mail this completed application to your local jurisdiction. If you have questions, call your City Clerk (within city limits) or your County Auditor (outside city limits).

I/We hereby make application for a retail permit to sell cigarettes and tobacco products:

BUSINESS INFORMATIONName of Business/DBA T'S TAVERNLocation Address (Must Have) 2400 9TH AVEMailing Address 120 S. 6TH ST City Council Bluffs Zip 51501Type of Sales: ☐ Vending Machine ☒ Over-the-counter Telephone Number (712) 322-9787**Type of Retail Establishment:**

☒ bar ☐ convenience store - with gas ☐ convenience store - no gas ☐ drug store ☐ gas station
☐ grocery ☐ hotel/motel ☐ liquor store ☐ restaurant ☐ tobacco store
☐ other _____

Cigarettes must be sold at the minimum price set by the State of Iowa. Obtain a current copy from the Iowa Department of Revenue Web site at www.state.ia.us/tax or from TaxFax at 1-800-572-3943 (enter form number 71023).**ONLY APPROVED BRANDS OF CIGARETTES OR ROLL-YOUR-OWN PRODUCTS MAY BE SOLD IN IOWA**

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You will receive an e-mail every time the approved list changes or the minimum price changes.

LEGAL OWNER INFORMATIONType of Ownership: ☐ Individual ☐ Partnership ☒ Corporation ☐ LLC ☐ LLPLegal Owner T'S Enterprise, Inc

(Name of Individual, Partnership, Corporation, LLC, or LLP)

Mailing Address 120 S. 6TH STCity Council Bluffs State IA Zip 51501 Ph Number (712) 322-0889Fax Number (712) 322-6986 E-mail Address dorrah.roberson@owat.net

If application is approved and permit granted, I/we do hereby bind ourselves to a faithful observance of the laws governing the sale of cigarettes and tobacco products.

SIGNATURE OF OWNER, PARTNER(S), OR CORPORATE OFFICIALName (please print): Thomas Hirschert Name (please print): _____Signature: Thomas Hirschert Signature: _____Date 2-25-08 Date: _____**FOR OFFICE USE ONLY**

Amount Paid _____
 Date Issued _____ ☐ New
 Permit # _____ ☐ Renewal

**FOR CITY CLERK/COUNTY AUDITOR ONLY
PLEASE SEND COMPLETED COPY TO THE IOWA
DEPARTMENT OF PUBLIC HEALTH**

Name of Issuing City or County _____

10 C (2)

RECEIPT
CITY OF COUNCIL BLUFFS
Office of City Clerk

Date Paid: 3/3/2008
Receipt No: 20828
Received from: *T's Tavern*
Amount: \$25.00
Item: *Cigarette Permits*
Payment Type: *Check*
Check No: 10023
Begin Date:
Expiration Date:
Issued by: *Marcy*
Comments: *Cigarette Permit for T's Tavern located at 2400 9th Avenue (Pro-rated fee)*